



SUPPORT TO THE HIV/AIDS RESPONSE IN ZAMBIA (SHARE II)

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About SHARE II

The USAID-funded Support to the HIV/AIDS Response in Zambia II (SHARE II) project was signed on November 9, 2010 for a five-year period extending through November 4, 2015. SHARE II is implemented by John Snow Inc. (JSI) and partners: Initiatives Inc; LEAD Program-Zambia; Zambia Interfaith Networking Organization on HIV (ZINGO); and Zambia Health Education and Communication Trust (ZHECT).

SHARE II Project Purpose

The purpose of the SHARE II project is to support and strengthen the multi-sectoral response to HIV and AIDS and contribute to the achievement of the USAID/Zambia Mission strategic objectives on reducing the impact of HIV/AIDS. SHARE II builds upon successes, innovations and best practices, including those from SHARE I, and works through strategic coalitions and partnerships with the National HIV/AIDS/STI/TB Council and other stakeholders to support Zambia's HIV/AIDS response.

SHARE II Project Objectives

SHARE II has the following four project objectives or tasks:

1. Strengthen and expand leadership involvement in HIV/AIDS and improve the policy and regulatory environment;
2. Strengthen the organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response;
3. Strengthen and expand HIV/AIDS workplace programs; and
4. Strengthen collaboration and coordination of HIV/AIDS activities with the Government of the Republic of Zambia, U.S. Government-funded partners and other stakeholders.

This report highlights some of the progress that was made on these SHARE II tasks from April 1 to June 30, 2014.

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Task 1: Strengthen and expand leadership in HIV/AIDS and improve the policy and regulatory environment

Through Task 1, SHARE II engages, mobilizes and equips leaders (political, traditional, religious and other influential opinion leaders) to be effective HIV/AIDS change-agents; supports the enactment, formulation and implementation of appropriate HIV/AIDS-related policies and laws; and equips partner institutions (legal and law enforcement) to appropriately manage HIV-related cases. SHARE II operates at two levels:

- At the *structural level*, SHARE II provides technical support to help leaders, including traditional leaders and parliamentarians, formulate and enact appropriate HIV/AIDS-related policies and laws; provides technical guidance for providing leadership to change harmful socio-cultural practices and norms; and provides advocacy support to increase local resource allocation for the national HIV/AIDS response.
- At the *behavioral level*, SHARE II works with leaders and other key players to build their skills and competencies so that they can use their authority and reach to enhance the HIV/AIDS response. These champions and partners can then lead efforts to discourage harmful behaviors (such as multiple concurrent partnerships and gender-based violence); promote helpful interventions (including condom use and male circumcision); and apply a gender, human rights and HIV/AIDS framework to the justice system, including HIV-related law enforcement and adjudication.

A fundamental cornerstone of the SHARE II strategy in HIV/AIDS leadership engagement is to help build understanding that HIV/AIDS is a developmental issue, and that action taken by leaders in HIV/AIDS now will ultimately contribute to national development. SHARE II thus encourages leaders to incorporate HIV/AIDS advocacy into their duties and responsibilities, as citizens in positions of influence and authority.

In an optimal policy and regulatory environment, there is minimal stigma towards and discrimination against people living with HIV (PLHIV) and those affected by the pandemic; the leadership of the different societal sectors speak openly about HIV/AIDS; and both laws and policies make it easier for implementers of HIV-related services to offer their services freely and objectively and for people needing these services to access freely and without fear of discrimination. SHARE II therefore works closely with government institutions and other key stakeholders to improve the policy and legal environment for people affected by HIV/AIDS and for PLHIV.

*From right to left:
Traditional Affairs
Minister, Hon. Prof.
Nkandu Luo; HRH
Chieftainess
Shimukunami VIII;
Lufwanyama MP,
Hon. Anne Chungu;
USAID Mission
Director, Dr. Susan
Brems; an invited
guest of Prof. Luo;
and SHARE II Chief
of Party Dr. Muka
Chikuba-McLeod,
prior to the launch
of the Shimu-
kunami Chieftom
Development
Strategic Plan.*



“Learning How to Fish”: SHARE II Partner Chiefdoms Take Charge of Development

Three years into SHARE II’s partnerships with select Zambian chiefdoms, many communities are—for the first time—being proactive about development and are seeing the results of their hard work. Since Independence in 1964, development in chiefdoms has often come in the form of initiatives and programmes designed and led by external stakeholders: the Government of Zambia, non-governmental organizations and missionary groups. The cornerstone of SHARE II’s work in chiefdoms is to empower leaders to take the initiative for development, rather than passively waiting for change to come from outside, as well as equipping them with the tools to do so in a sustainable way.

In every SHARE II partner chiefdom, leaders report that they now have the necessary skills and knowledge they need to begin to take charge of their own development, and are using these skills to mobilize resources internally and externally. They single out in particular the HIV/AIDS knowledge they gained from SHARE II’s HIV/AIDS messaging training; their newfound skills in mobilizing, organizing and educating their people on how to access health and HIV-related services in the chiefdom; and their ability to mobilize stakeholders so that they can bring services to the chiefdom.

Sustainability Built into the SHARE II Chiefdom Intervention

The starting point of SHARE II’s work in chiefdoms is a community capacity assessment (CCA) followed by a community development action planning (CoDAP) process. Both the CCA and CoDAP require the participation of the chief and other traditional leaders; male, female and youth leaders; local developmental partners; government representatives; members of parliament; faith-based leaders; and others. SHARE II deliberately encourages chiefdoms to link their work to government structures, non-governmental organizations and the private sector to improve buy-in and sustainability.

The CCA is inward-looking and assesses current chiefdom capacities and competencies to lead and

participate in developmental initiatives and HIV responses, providing a baseline for improvement. The chiefdom honestly “grades” itself in key areas including governance, financial management, and sustainability of programming and HIV leadership. The CoDAP is transformational and forward-looking, articulating the chiefdom’s developmental aspirations and defining the roadmap for achieving these goals. The result is a development strategic plan which documents all the chiefdom’s strategies for poverty-reduction and addressing challenges such as HIV/AIDS and gender inequalities, with emphasis on local solutions.



Model showing SHARE II chiefdom engagement components and process, centered around respectful relationships.

For all SHARE II partner chiefdoms, this is the first time they have planned together for development. SHARE II facilitates, but lets the chiefdoms develop these plans themselves, building on their own ideas, experiences and expectations, to foster ownership and ensure follow-through. To ensure sustainability, these planning processes take place in the chiefdom using the local language and local facilities such as venues to convene in, including classrooms,

churches and sometimes even under a tree! SHARE II trains traditional leaders in HIV/AIDS leadership in their communities, using talking points developed and translated by SHARE II into eight main local languages, and provides combined HIV and entrepreneurship trainings to increase household economic resilience to HIV.

Chiefdoms self-assess their progress in implementing development programs and HIV/AIDS responses through the SHARE II-initiated Implementation Process Assessment (IPA) tool. The IPA tool measures program implementation against set milestones in the areas of governance, management and HIV service delivery. The results are plotted on a chart that is normally posted on the wall of the chief's office and serves as a daily reminder of how they are performing.

During one of SHARE II's visits to Mukuni chiefdom, the chief's wife remarked about the IPA chart, *"We have to work harder so that the good results can be reflected on our chart. If we don't do something, the graph will be flat. This tool has helped us to measure the progress we are making."* Chief Nalubamba in Mbeza has also remarked that the IPA tool continually brings out weaknesses and gaps, and motivates his people to do more.

Previous reports have highlighted some examples of chiefdoms promoting sustainability of their interventions, including Chieftainess Mwape collecting thousands of hand-made bricks from community members for construction of an office building; Chieftainess Shikumukami mobilizing K240,000 (\$46,000 in 2013) from community members and stakeholders to upgrade the Shimukunani Primary School to a secondary school; Bwile chiefdom obtaining finances to ensure backup electricity for the chiefdom's main hospital and to establish a community radio station; and Chief Cooma receiving funding from the United Nations Development Programme for a tree-planting initiative in his chiefdom. Since then, chiefdoms have continued to mobilize resources internally and externally to advance their development agendas; a few examples of this work are highlighted below.

Identifying and Reaching Out to Developmental Partners

Mwape Chiefdom: For decades, like most other chiefdoms, Mwape chiefdom took a passive approach to development, expecting that the Government of Zambia would initiate all projects. When SHARE II facilitated the drafting of the Mwape Chiefdom Development Strategic Plan in early 2012, chiefdom leaders realized for the first time that they could take the reins and be responsible for their own development—and that indeed, they would have to be proactive in order to bring about lasting change.

Mwape chiefdom lies immediately next to the Chisomo Game Management Area, and the popular South Luangwa National Park. During the strategic planning process chiefdom leaders realized that they were not taking full advantage of their position to mobilize resources. One of the strategies that the chiefdom developed to address this shortcoming was to engage tourism stakeholders to ensure that some benefits from tourism activities in the chiefdom, accrue to the chiefdom and the chiefdom's people.

SHARE II led Mwape chiefdom through a stakeholder mapping analysis to identify stakeholders who might support the chiefdom developmental agenda, and they highlighted Nyamvu Game Ranch and Safaris and Nyakole Game Ranch as two stakeholders in the private sector located in the chiefdom. The chiefdom shared their draft strategic plan with the Nyamvu and Nyakolwe game ranches; the two companies bought into the strategic plan and chose to construct two classroom blocks for Mwape Primary School. They also donated a large truck for the chiefdom to help the community with transport. Additionally, Nyakolwe sunk five boreholes for the community and has donated books and desks to the primary school, while Nyamvu has supplied the health centre with equipment like beds and furniture for patients and constructed two staff houses at the school.

Chieftainess Mwape also advocated to the Office of the Vice President and the Provincial Minister for Eastern Province to improve communications infrastructure (including mobile phone networks) in those areas of the chiefdom that had no service.

In response to her request, staff from the Zambia Information and Communication Technology Authority (ZICTA) visited the chiefdom to assess the state of mobile phone coverage; as of June 2014, ZICTA was constructing a mobile phone tower in the chiefdom that will cater for all three mobile phone networks in Zambia.

Chikanta Chiefdom: Chiefdoms strategic plans are helping forge connections with stakeholders. While at a meeting in the U.S., Zambia's First Lady Dr. Christine Kaseba was told about the development activities taking place in Chikanta chiefdom, by an American who had visited the chiefdom and she learned for the first time that a Zambian chiefdom had a development strategic plan in place. She was intrigued by the chiefdom's strategic plan and their HIV/AIDS-related collaborative work with several partners, and in March 2014, visited the chiefdom. She was so impressed by what she saw that with her influence, the Anti-GBV Campaign was launched in the chiefdom in March 2014! The chiefdom is now planning to construct a Center of Excellence for

their chiefdom-based HIV/AIDS responses, with GRZ support.

Seizing Business Opportunities

SHARe II encourages each chiefdom to create and legally register a Development Trust, an organization to spearhead development on behalf of the chiefdom. Once a chiefdom forms a Development Trust and registers it officially with the Government, it is able to create bank accounts, mobilize and manage community resources and legally conduct business on behalf of the chiefdom. Trusts also allow chiefdoms to bid on Government contracts, since having a registered organization is a requirement of the bidding process. As of June 2014, 12 SHARe II-supported chiefdoms had registered Development Trusts and opened chiefdom bank accounts.

Cooma Chiefdom: In 2013, on SHARe II's recommendation, Cooma chiefdom registered the Cooma Development Trust, created a chiefdom bank account and began proactively seeking out funding sources. A few months later, they applied

Improving chiefdom communication infrastructure: Community members digging a pit for a Zambia Information and Communication Technology Authority (ZICTA) communication tower in Chikanta chiefdom.





Classrooms under construction in Shakumbila chiefdom; these classrooms are now finished and being used.

for—and received—a tender of K70,000 (approximately \$11,000) to clear land around Zambia Electricity Supply Corporation Limited (ZESCO) pylons to protect the poles from fire. They received the contract again in 2014, and paid 45 community members to clear bush around the pylons. The Development Trust targeted both men and women from vulnerable households for the work, including children whose parents died of HIV and single mothers, and put the remaining funds in a chiefdom account for operations.

Kanyembo Chiefdom: One of the major sustainability projects carried out by Kanyembo chiefdom since undergoing the strategic planning process has been the construction in 2013 of three housing units which are rented out to teaching staff from Kanyembo Primary School. The initial capital used to build these houses came from a bush-clearing contract with ZESCO and a road clearing contract with the Road Development Agency (RDA), both of which the chiefdom was eligible for after forming its Development Trust. Chieftainess Kanyembo reports that the lessons and experiences discussed during the strategic planning meetings were an inspiration to her and her people to implement this sustainability project.

Mobilizing Resources Internally

Chikanta Chiefdom: During Chikanta

chiefdom's strategic planning process, SHARe II asked chiefdom leaders to think critically about what they could do to ensure continuity in their programs and sustainability of their development interventions. One strategy they decided on was the construction of blocks of buildings which would be leased out as office rentals and shops. In 2013, in conjunction with the neighbouring Muchila chiefdom, Chief Chikanta began mobilizing community members to supply building blocks— as of June 2014, construction has been underway; the outpouring of support from chiefdom members inspired the son of the late Chief Muchila to contribute the remaining funds for construction himself, to complete the project.

Chikanta chiefdom also mobilized resources towards the expansion of a community school that had been started by a World Vision employee in the chiefdom. After the employee's untimely death, however, the project had halted. The strategic planning process identified the area where the incomplete school is located as lacking adequate educational infrastructure and resources. Chikanta community members undertook to complete the school. They engaged 'the chiefdom's children'—including doctors, formal sector employees and others with stable incomes—those still living in the chiefdom and those living outside the chiefdom, to donate resources towards the completion of the school.

In 2013, using these resources, the chiefdom completed the construction of the community school and expanded the scope by constructing extra classrooms.

Shakumbila Chiefdom: In 2013, Shakumbila chiefdom established committees to implement strategies in each of the 10 focus areas it had identified during its strategic planning process, such as agriculture, mining and HIV/AIDS; these committees are headed by a “Minister” and comprise local technocrats and other chiefdom residents who are experts in each area. The Shakumbila HIV/AIDS Mitigation Team (SHAMT) was created to oversee HIV/AIDS initiatives, and includes 20 committee members with representatives from each of the thirteen political wards in the chiefdom in the form of sub-committees.

While their long-term goal is to build an orphanage and provide care to orphans and other vulnerable children (OVC), SHAMT members’ short and intermediate goals include HIV/AIDS messaging in the chiefdom to encourage HIV prevention and early entry into care for PLHIV. The initial resources for SHAMT’s activities have all been mobilized locally, with each founding member contributing K200 (approximately \$30). SHARE II trained the first group of 20 SHAMT members in HIV/AIDS messaging in 2013 and will train an additional 50 members in July 2014.

The people of Shakumbila chiefdom have also mobilized among themselves to provide bricks and cement for the construction of four rural health posts in Mpande, and a one-by-two classroom block and three teachers’ houses in the Mukubu and Muchabi areas. Senior Chief Shakumbila personally donated roofing sheets for the construction of the health posts; once construction is finished, they will be handed over to the Ministry of Health so that the Government can provide the necessary staffing and equipment.

Tapping into Chiefdom Strengths

Many times, when SHARE II first enters into a chiefdom, the community members expect that SHARE II will donate financial or material resources, then leave. Instead, SHARE II asks chiefdom members to contribute significant amounts of their own time and resources to the strategic planning process: to honestly assess their capacities, identify stakeholders, develop strategies and action plans and learn about HIV/AIDS and development. Further SHARE II asks the chiefdoms to implement their strategic plans using chiefdom resources wherever they can. The hard work that the chiefdoms put in, they find, has exponential rewards. “SHARE II has taught us to fish and have not given us fish on a platter,” said Chief Cooma during a visit to his chiefdom in April. “With the knowledge gained, we can catch our own fish.” ♦

April-June 2014: Other HIV/AIDS Leadership Activities and Achievements

- **Finalization of the Religious Leaders Facilitator’s Manual:** Consultants hired to complete the Religious Leaders Facilitator’s Manual submitted a first draft for review by SHARE II in March. In the months of June and July, a full reference check has been done, while a check of content is on-going. A team of technical reviewers at SHARE II has been constituted to review the manual for HIV/AIDS integration and up-to-date HIV/AIDS facts and related information.
- **Various Activities in Shimukunami Chiefdom:** Three main activities occurred in June in Shimukunami Chiefdom. Firstly, a visit to Mushili Muslim congregation for the USAID programme audit was done. Secondly, SHARE II conducted an HIV/AIDS messaging training prior to the chiefdom’s launch of its Development Strategic Plan. And lastly, the preparation and actual launch of the Shimukunami chiefdom development strategic plan took place on June 21, 2014.
- **VMMC Demand Creation and Training:** Voluntary medical male circumcision trainings were held in two chiefdoms between May 25 and June 4, for 300 village headpersons and other leaders to build capacity in VMMC messaging. Headpersons adopted two strategies for this process: community meetings at the community center and door-to-door visits to promote VMMC.

“We the People”: A Community-driven Process Changes Long-standing Tradition

Over the course of three days in June 2014, over a thousand people gathered in small groups all across Nalubamba chiefdom; in Chikanta chiefdom, over 1,700 people took part. For the first time ever, community members representing each village had the opportunity to meet and discuss whether they should change their cultural and traditional norms to mitigate the effects of HIV and AIDS on their communities. At the end of the week, the leaders of each chiefdom reviewed the groups’ recommendations and undertook to change those traditions that people identified as drivers of HIV: “sexual cleansing” of widows after the death of a spouse, home births, early marriages, low rates of male circumcision, acceptability of infidelity, alcohol abuse and others.

Their experience demonstrates how organizations like SHARE II can effectively support chiefdoms to improve the local HIV-related policy and regulatory environment through social norm changes to address local drivers of HIV. It also demonstrates the power of democratic processes to drive change: Chiefdom leaders can engage hundreds of community members in the development of customary law that not only is relevant to their daily lives, but also reflects their desires to mitigate the effects of HIV in their communities.

Customary Law in Zambia

Zambia has a dual legal system of statutory (written) and customary (traditional and unwritten) law. In the Zambian Judiciary, Local Court Magistrates are formally empowered to interpret customary law, and hear customary law cases in communities; together with traditional court attendants, who function at the chiefdom level, they adjudicate the majority of disputes and are the first point of contact for most people seeking redress, particularly in rural areas.

It is estimated that around 70 percent of the cases that come before the legal system in Zambia are handled by the local courts, but even with a very high adult HIV prevalence of 14.3% in the country, the Local Court Magistrates had not been trained

to handle the HIV-related cases that present before the courts. Recognizing this gap and the potential for miscarriage of justice, as well as the important role the Local Court Magistrates serve in the legal system, SHARE II undertook to train them and build their capacity to appropriately manage HIV/AIDS-related cases. As of June 2014, SHARE II has trained 316 (65 percent) of Zambia’s 485 Local Court Magistrates

An important characteristic of customary law is that, by nature, it is much more flexible and adaptable than statutory law, and can rapidly evolve to reflect changing societal norms. Customary law in Zambia is generally unwritten, and chiefdoms have the freedom to modify it in accordance with their own governance structures, as long as it is not “contrary to the Constitution or any written law,” or “repugnant to natural justice, morality, good conscience or public good.”¹ In contrast, on the national stage, statutory laws must be introduced by Members of Parliament, pass through committees; be voted on by majorities of lawmakers, signed by the President, enacted into law and implemented through the development of Statutory Instruments and rules/regulations – a process which can be prohibitively lengthy.

In Zambia’s rural chiefdoms, health-seeking behaviors and practices are to a large degree culturally bound; customary law, which has its home in the nation’s chiefdoms, influences these behaviors and practices. All of the six key drivers of the HIV/AIDS epidemic in Zambia—including multiple and concurrent partnerships, low condom use, low rates of male circumcision, population mobility, vulnerability among certain groups and mother-to-child transmission—are influenced by community norms and behaviors. Other factors such as gender inequality and gender-based violence, low levels of childhood education, poor access to health services, income disparities and socio-cultural practices interact with these drivers to sustain high levels of risk and vulnerability.

SHARe II's HIV policy declaration development process

Downloading HIV/AIDS Issues

SHARe II first engages the **chief** and his/her **confidante(s)** to discuss the HIV/AIDS issues affecting the chiefdom;

Key advisors and senior headpersons

are invited for in-depth discussions on the local drivers of HIV and the cultural practices that fuel HIV transmission;

Senior chiefdom leaders

then engage headperson who in turn engage **community members** to generate solutions to HIV issues. Each level engages the one below in discussion, in a culturally-appropriate way.

Uploading HIV/AIDS Solutions

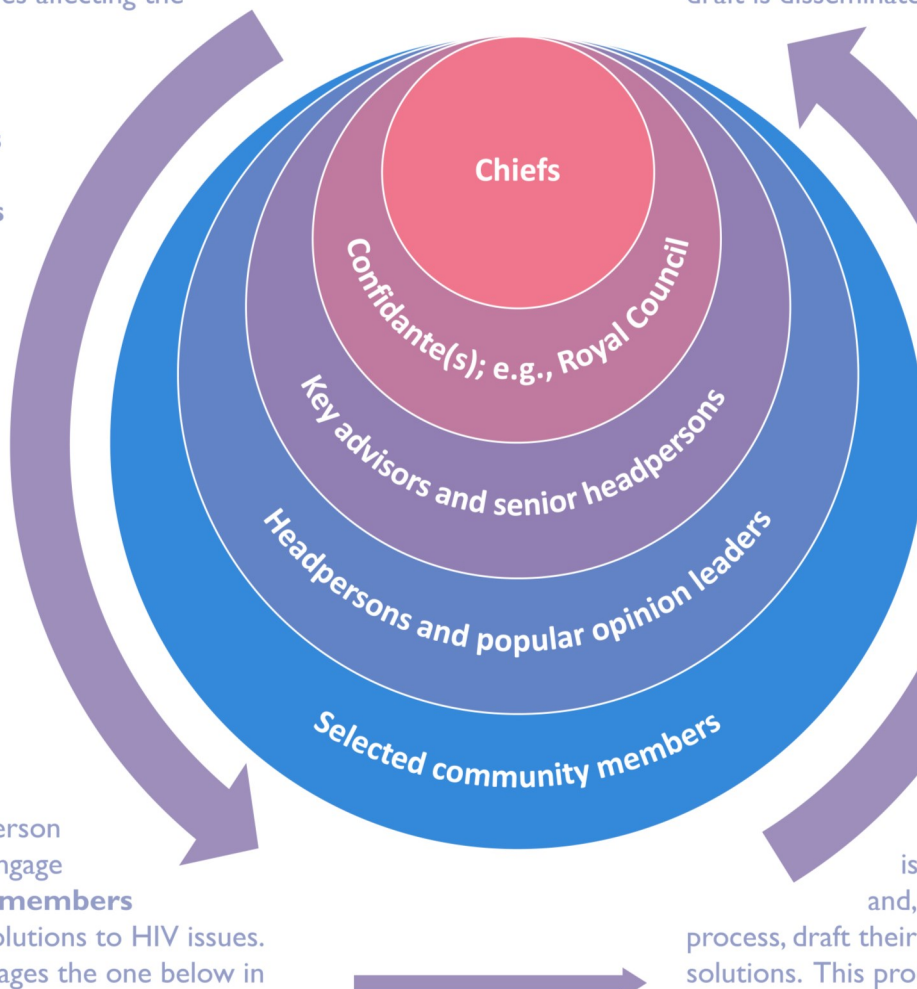
The **chief/confidantes** review and approve the HIV/AIDS declaration; final draft is disseminated to the **community**.

Senior headpersons

review community solutions with SHARe II technical advising, and decide what to include, while maintaining the integrity of community desires.

Community members

with their **headpersons** debate the HIV/AIDS issues at the local level and, using a democratic process, draft their recommended solutions. This process cascades up those issues and solutions with the majority community support.



Chiefdom Leadership Looks Inward for Solutions to HIV/AIDS

In both Chikanta and Nalubamba chiefdoms, SHARe II had already primed the chiefdom leadership to discuss HIV/AIDS through its Community Capacity Assessment and Community Development Action Planning processes, which resulted in the formation of strategic plans. Each strategic plan identified strategies in the area of HIV/AIDS, including to address cultural practices that facilitate HIV transmission.

The formalization of policy declarations in these two chiefdoms required an in-depth look at the behaviors specific to the chiefdom that were affecting rates of HIV and AIDS. SHARe II

therefore first engaged the chiefs and their closest confidantes to help them think critically about what beliefs, traditional values, customs and practices they thought could be the local drivers of HIV, why harmful practices persisted and what practices should be preserved.

Once the chiefs were on board, they gave SHARe II permission to engage their senior headpersons in this same brainstorming process. SHARe II also conducted a training in basic facts about HIV/AIDS, incorporating gender-based violence and other human rights issues, so that the leaders had a foundation on which to base their subsequent discussions, and oriented the leaders in how to discuss HIV drivers in their communities.

Developing Consensus in the Communities

Both Nalubamba and Chikanta chiefdoms are divided into 23 regions, each of which is presided over by a senior headperson. The trained leaders subsequently returned to their respective regions and brought together community members to a 2-3 day meeting. These representatives included village headpersons, marriage initiators, traditional

Some identified practices that promote HIV transmission, in both Nalubamba and Chikanta chiefdoms:

- Sexual cleansing of widows through penetrative sexual intercourse
- Early marriages of young girls
- Rape and defilement
- Multiple concurrent partnerships
- Widow inheritance
- Polygamy
- Tattooing using the same razor blade
- Overnight/late-night gatherings
- Tradition of having deliveries at home instead of in a hospital
- Ignoring advice on initiation teachings, or inadequate content of initiation training
- Alcohol abuse
- Marrying before being tested for HIV
- Large gatherings, including pre-wedding ceremonies, traditional ceremonies, etc
- “Spouse swaps” or men exchanging wives
- Inadequate health facilities for HTC; low rates of HTC
- Indecent or inappropriate dressing
- Prostitution; exchanging sex for favors or money

birth attendants, women’s and youth’s leaders, teachers and others. In Nalubamba chiefdom, 1,087 people participated in these conversations; in Chikanta, 1,745 community members took part.

At these meetings, the trained senior headperson chaired the discussion and appointed someone to

document, typically a teacher. Through a participatory process, the community members identified and prioritized two separate sets of issues:

1. Cultural practices that could be used to prevent the spread of and mitigate HIV, such as faithfulness, abstinence and strong social safety nets for orphans and other vulnerable community members.
2. Cultural practices that increase risk and vulnerability for HIV, such as the acceptability of multiple concurrent partnerships (especially for men), alcohol abuse, early marriages and sexual cleansing of widows.

The community members also developed recommendations for each of these practices to either preserve or discourage them. Some practices were hotly debated; for example, in both chiefdoms, some male participants were initially vocal about their support for sexual cleansing and early marriages, which disproportionately affect girls and women. Senior headpersons are very experienced in leading discussions and resolving disputes, and were skilled at reaching consensus in these situations. Additionally, because each headperson had already participated in discussions about drivers of HIV, they were able to focus the conversation around identifying cultural practices that facilitate or reduce the risk of HIV, rather than passing a value judgment on “good” or “bad” practices. By the end of the process, many people who had initially set themselves apart from the rest of the participants had agreed that the practices should change.

The specific drivers of HIV identified by participants differed between the chiefdoms. For example, in Chikanta chiefdom, which produces significant quantities of maize that must be transported into Choma town, the transport sector posed a significant HIV risk, with women exchanging sex with truckers for rides to and from Choma, or spending the night with men in Choma town rather than paying for a hotel. In Nalubamba, the greatest HIV risk was at the fishing camps, where there was a saying “no deal no bbaya,” meaning that women could not buy fish from the fishermen without first having sex with them.

After considerable debate and consensus-building, the groups drew up a list of behaviors that should



Community-generated HIV/AIDS solutions: A community in Chikanta discusses local HIV drivers and possible solutions

be promoted and enshrined in the culture, as well as a list of practices that should be discouraged or banned. The senior headpersons then took these lists back to the chiefdom headquarters to be presented on behalf of their regions.

Once all the senior headpersons had returned from their regions, they joined the Chief and Local Court Clerks to debate which recommendations to include in their final declaration; a secretary tracked issues that appeared to have consensus, as well as those which were controversial or in dispute. Throughout the process, SHARe II ensured that the customary law was legally valid, in accordance with the Chiefs Act of 1965. After two

days of debate, the groups decided on a final set of recommendations to include. Over the coming months, gatherings will be held in Nalubamba and Chikanta chiefdoms to disseminate these declarations to leaders at all levels as well as community members.

In some cases, the customary law had already been in place, but the chiefs nonetheless found it useful to go through the process of putting their oral

customary law into writing. As Chief Chikanta said: “Most of our cultural practices, our traditional administration was through oral expressions, oral arrangements. Now that it has been put in writing, it will be very easy to be implemented. Even people who want to come and learn, it will be easy. I think in the past, when you are doing things orally, it’s very difficult sometimes. This is really helping the traditional administration: the chief, the senior headmen, down to the households.”

Protecting Vulnerable Populations

The newly-formalized customary law in Chikanta and Nalubamba chiefdoms gives certain populations protections that had not previously existed under statutory law, demonstrating how chiefdom declarations can provide a more flexible and egalitarian alternative to codified law.

Under the Intestate Succession Act of 1989, in the absence of a formal will that states otherwise, widows must be allocated a proportion of land and property left after the death of a spouse. However, Part I of the Act explicitly states that this provision

does not apply to land held under customary law or chieftom land, which are estimated to comprise 81-93 percent of the total land in Zambia.² In both Chikanta and Nalubamba chiefdoms, certain villages prohibited ownership (and thus inheritance) of land by women, making widows financially and socially vulnerable after their husbands' death. Now, all women throughout both chiefdoms will be permitted to stay on their land.

Both declarations outlaw forceful widow inheritance. The Deceased Brother's Widow's Marriage Act of 1929 specifies that marriages among in-laws upon the death of a spouse cannot be made invalid by reason only of affinity, ensuring that widow inheritance remains legal. The chiefs and headmen have therefore pledged to review all proposed marriages of widows and widowers to ensure first that the marriages are consensual, and secondly that both people counselled and encouraged to test for HIV before entering into marriage.

Although the legal age of marriage in Zambia is 21 (or 18 with parental consent), early traditional marriages are common; the UNFPA estimates that

42% of Zambian women are married before age 18.³ The customary laws of both chiefdoms will now ensure that girls are not married off early, even in traditional marriages. In Chikanta chiefdom, girls married off early will be taken back to their parents, re-admitted to school and tested for HIV; the men who marry, will be referred to law enforcement.

Other policies passed by the chiefdoms ban sexual cleansing of widows; limit night-time gatherings; regulate the hours when bars are allowed to operate; promote voluntary medical male circumcision (VMMC) as a cultural practice; specify punishment for perpetrators of gender-based violence, including rape; and promote increased access to health services, poverty-alleviation and development,

Keys to Success

Addressing HIV/AIDS drivers in chiefdoms requires a re-examination of practices that have taken place for generations, and asks people to change some attitudes they have held their whole lives. This process cannot be driven by external actors: the

SHARE II leads a discussion on GBV, human rights, customary law and early marriages, in a meeting with hundreds of participants in Nzamane chiefdom.



impetus must come from the people themselves. When people critically examine themselves and the drivers of HIV in their communities, they can look at practices they had previously taken for granted with a different lens.

SHARE II approaches this work in a very culturally sensitive way. It must respect both deeply-held beliefs, and the hierarchies in a chiefdom that ensure perpetuation of those beliefs and practices. The self-examination process therefore starts at the highest levels of the chiefdom. In many areas where SHARE II works, community members cannot openly question their traditional practices without breaking cultural sanctions; hence, the leaders must be trained first so they can facilitate the process and ensure that participants feel comfortable expressing their views.

Secondly, because the recommendations are formulated through consensus-building, first at the

community level and then at the chiefdom level, they are truly created by the communities and therefore much more likely to be sustainable and obeyed. Further, because the group of senior headpersons only passes along those recommendations which had agreement from community members, the process is efficient because the group can easily see which recommendations have true support from the majority of residents.

As Chief Nalubamba noted about his chiefdom's new customary law, "This declaration is valuable as an information center. And this information center will assist in [the] future to make village headpersons more responsible, more action-oriented in terms of what they can do for their people and what they can do for themselves, and I'm sure that you will hear about a change indeed in the fight against HIV and AIDS." ♦

1. The Subordinate Court Act Cap 28 of the Laws of Zambia.
2. Empowering Women: Legal Rights and Economic Opportunities in Africa. (2013). Mary Hallward-Driemeier and Tazeen Hasan. World Bank.
3. UNFPA Zambia Update. (2013). UNFPA-Zambia

April-June 2014: Other HIV/AIDS Legal and Policy Activities and Achievements

- **Development of HIV/AIDS and Wellness Policies in the Public Sector:** In May and June respectively, SHARE II guided the Ministry of Home Affairs (MHA) and the Ministry of Labor and Social Security (MLSS) to draft HIV/AIDS and wellness workplace policies and supported them to develop a clear roadmap towards completing the policies. Twenty-two representatives from the MHA and 13 representatives from MLSS were trained and completed the first draft of their HIV/AIDS and wellness workplace policies.
- **Declaration of Leadership Commitment on HIV/AIDS:** Between April and June, SHARE II facilitated policy declaration of leadership commitment on HIV/AIDS process in five chiefdoms: Nalubamba in Namwala District; Mukuni in Zimba and Kazangula Districts; Chikanta in Kalomo District; Cooma in Choma District; Nzamane in Chipata District and Mwape in Nyimba District. The team trained and sensitized chiefdom headpersons to engage the broader community in activities such as zonal consultative meetings. Representation at the training was from zone leaders, civic representatives, royal advisors and selected villagers. Just over 3900 people in total participated in their respective communities and six policy declaration documents have been signed.
- **Supporting Parliamentarians in HIV/AIDS Programming:** SHARE II provided technical assistance in HIV/AIDS leadership messaging at the Kazanga traditional ceremony in Kabompo on May 24. Traditional ceremonies attract thousands of people and are a time of jubilation, which leads to increased levels of alcohol consumption and sexual indulgence. A total of 3072 men and women were present at the ceremony and received HIV/AIDS messages in a speech given by Honorable Kabanshi, Minister of Ministry of Community Development, Mother and Child Health in her capacity as Chairperson of the Coalition of African Parliamentarians on HIV and AIDS (CAPAH).

Chieftainess Shimukunami receives the Shimukunami Chieftdom Development Strategic Plan 2014-2018, during the launch of the plan on June 21, 2014



Task 2: Strengthen the organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response

SHARE II strengthens the capacities of HIV/AIDS coordinating structures to oversee, manage, and implement the national and community-level HIV/AIDS responses. Technical assistance provided to entities in the public and private sectors, selected umbrella civil society organizations and chiefdoms includes supporting expansion of successful evidence-based interventions, disseminating use of best practices across sectors, and advising on the most efficient and effective use of resources.

Putting the House in Order: Chinsali DATF Stands Strong to Support its Stakeholders

In March 2013, the Chinsali District AIDS Task Force (DATF), which is mandated to coordinate all HIV/AIDS interventions in the district, met only one out of 28 performance standards in a SHARE II assessment. By April 2014, the DATF was the highest-performing in its province, and one of the best-performing in the country, meeting 25 standards! With support from SHARE II, which periodically assisted DATF members and leaders as they dealt with financial and organizational challenges, Chinsali DATF is now performing so well that it is mentoring other organizations towards similar successes. With DATF support, a community-based organization was able to access over \$25,000 in funding, and Chinsali DATF members have oriented their peers in a newly-created neighboring DATF.

Self-Assessment Reveals Initial Problems

In 2011, SHARE II, in partnership with the National HIV/AIDS/STI/TB Council (NAC), began working with all 72 DATFs around the country to improve their ability to oversee the district HIV/AIDS response. SHARE II's starting point for the Chinsali DATF, in the newly-created Muchinga Province, was an Organizational Capacity Assessment (OCA). The OCA is a guided self-assessment that gives DATFs a score of 1 (no systems in place) to 4 (highly-functioning organization) for each of seven components, such as governance, financial management and gender mainstreaming, with a view towards identifying—and fixing—performance gaps.

Chinsali DATF received an average score of 1.2 on these measures, which made it the third-worst performing DATF in the entire country. It did not have a strategic plan, operational guidelines, documented roles and responsibilities, stakeholder directories or inventories or any tool to supervise stakeholders, and DATF members were not meeting regularly or fulfilling any of their required functions. While members of the DATF found the OCA exercise very helpful in reflecting the reality on the ground, they had limited power to change the situation; they did not have a District AIDS Coordination Advisor (DACA), who is supposed to provide oversight and leadership at the DATF level, and faced considerable funding and infrastructure challenges.

Inadequate Leadership Impedes DATF Work

While SHARE II and NAC were conducting OCAs around the country, they developed guidelines for district HIV/AIDS strategic planning and finalized work on the District Coordination Toolkit, which provide guidance for DATFs and their partners on how they could effectively carry out their mandates. These documents specify that all DATFs should have a long-term strategic plan that provides a framework within which the DATF can work; DATFs that have strategic plans can more effectively address the local HIV drivers and mobilize and use resources, improve coordination among stakeholders, ensure local accountability for HIV/AIDS-related decisions in the district and monitor and evaluate HIV/AIDS

interventions. The documents also emphasize that strategic and operational planning must be participatory, since stakeholder involvement in strategic planning generates buy-in and participation towards realizing the DATF's objectives.

District HIV/AIDS Strategic Planning Stages

1. A DATF meeting is held to discuss the need for planning, agree on the processes of planning, define roles and responsibilities and set deadlines.
2. The DATF and stakeholders conduct a situation analysis on the district HIV/AIDS response to identify the situation on the ground, constraints and opportunities; DACA presents results to DDCC for technical approval.
3. District HIV/AIDS Strategic Plan developed by the DATF and stakeholders; the DDCC presents the strategic plan to the District Council for approval; and the strategic plan is launched and implemented.
4. The DATF conducts periodic reviews of operational plans, including revising objectives, strategies, activities and priorities; redefining new targets; and formulating new strategies based on experience.
5. The DATF and others monitor and evaluate progress of strategies against objectives and targets; DACA presents quarterly reports to the DDCC; the district presents quarterly and annual reports to the PDCC.

SHARE II trained Provincial AIDS Coordination Advisors from each of the 10 provinces in the strategic planning guidelines, and charged provincial officials with passing along the training to their DATFs. In May 2012, SHARE II visited Chinsali to check on progress; it found that although the DATF had a strategic plan which had been approved by both the District Development Coordinating Committee (DDCC) and the District Commissioner, it was not comprehensive or in line with the strategic plan requirements. Further, when SHARE II met with the DATF team to review the document, the stakeholders said that the plan did not fully reflect their submissions. The DATF unanimously agreed that the document was not adequate to guide their work going forward, and had to be expanded.

Over the next several months, the DATF faced multiple setbacks, primarily related to dissatisfaction among members with their governance and leadership. In March 2013, SHARE II re-oriented DATF members in their roles and responsibilities and how they could effectively carry out their mandates. Following this meeting, the members resolved to reorganize themselves.

SHARE II also conducted a baseline performance assessment, based on standard guidelines, which revealed that the DATF only met one out of 28 standards. This was an eye-opener for district officials, who said they were "ashamed" of the results: the Chinsali Mayor undertook to support the DATF to ensure that it emerged as one of the strongest in the country, and the Chinsali District Administrative Officer promised to work hand-in-hand with the new DACA in "putting the house in order."

Improvements at the DATF Lead to Greater Support to Stakeholders

After the performance assessment, the Chinsali DATF elected a new leadership team, appointed a DACA and got serious about their HIV/AIDS strategic planning process. SHARE II provided regular supportive supervision to the DATF through in-person visits, phone calls and emails, provided technical guidance to the strategic planning process, and helped the DATF develop action plans. By August 2013, the DATF had completed its plan; this strategic plan finally had buy-in from all district stakeholders.

SHARE II visited Chinsali in April 2014 to do a follow-up performance assessment, and the DATF now meets 25 of the 28 standards! In fact, the DATF is now the highest-performing in the whole province. Chinsali is even using its lessons learned to orient the newly-created Shiwang'andu DATF in a neighboring district.

Using guidelines from SHARE II, Chinsali DATF began training its stakeholders, including Maluba Home-based Care (MHBC), on how to develop their own strategic plans. MHBC is a community-

“Indeed this is a success because it has only worked with close partnership and technical support from DATF. The knowledge our members acquired from the DATF’s meetings and trainings enabled us to successfully develop strategic plan and to write clear project proposals to PEPFAR and SAT-Zambia which were approved and funded. DATF’s link with SHARE II has a potential to produce growth and sustainability to small organizations like Maluba HBC. The small organizations will not grow if DATF is not well organized and lacking capacity.”

- Mr. Ngulube, MHBC Coordinator

driven project formed in 2005 to provide care and support for orphans and other vulnerable children, and has a catchment area of over 5,000 people. In 2008, however, MHBC lost its funding due to the closing of the Community Response to HIV/AIDS (CRAIDS) project, and began facing challenges in implementing its programs due to inadequate alternate financial sources. This situation was compounded by the DATF’s failure to link the organization to sources of support.

The DATF’s mobilization of stakeholders in developing the district’s HIV/AIDS strategic plan enabled them to begin working more closely with each other through regular collaborative DATF meetings. The DATF also provided technical

support to MHBC, which was developing its own strategic plan to apply for funding. One of the requirements for accessing funding from the PEPFAR Small Grants Program was an organizational strategic plan in line with a district framework; Mr. Ngulube, the MHBC Coordinator, explained that they were able to do this easily with the DATF’s help.

“In 2013, we took part in responding to PEPFAR’s call for proposals,” he said. “We read through PEPFAR guidelines according to DATF technical support provided. Our project title was to increase income in the OVC households. We made it clear that the project is also in our organizational strategic and action plans.” With their new plan, MHBC received K103,040 (approximately \$16,800) from PEPFAR to increase income for 71 households looking after orphans and vulnerable children in Chinsali, as well as K65,840 (over \$10,500) in funding from SAT-Zambia to support 273 orphans and vulnerable children in schools.

As Mr. Ngulube pointed out, “Our DATF should continue working in close partnership with SHARE II so that we continue to benefit new ideas in implementing effective HIV and AIDS programs in Chinsali and other districts of Muchinga Province.”



April-June 2014: Other Coordinating Structures Activities and Achievements

- Provide support to build and transfer knowledge and skills to local coordinating organizations:** In April to June 2014, SHARE II conducted HIV/AIDS Technical training for non-health workers in 12 districts (Chipata, Kaoma, Katete, Kawambwa, Mansa, Mongu, Mwense, Nchelenge, Nyimba, Petauke, Senanga and Sesheke) covering Eastern, Luapula and Western Provinces. 300 DATF members who are non-health workers were trained in HIV/AIDS 101 technical information, to enable them articulate HIV/AIDS issues better during DATF coordination meetings.
- Build capacity and skills in local coordinating organizations to ensure sustainability of efforts beyond the life of the project:** In the April to June 2014, SHARE II continued to train and mentor newly recruited NAC counterparts (4) to build capacities to manage and coordinate the national and sub-national HIV response. Further technical assistance was provided in the development of individual work plans and support to identify staff to carry out the proposed activities.
- Improve mechanisms to monitor resource allocation within NAC:** In April to June 2014, NAC used MoUs and Financing agreements in the disbursement of funds to community driven HIV/AIDS initiatives through Councils. NAC has disbursed 35% (K98,350.00 equivalents to US \$15,710.86) of the total grant of K280,350.00 as first allocations to 10 community based organizations in Livingstone to scale up to mitigate HIV/AIDS. Some organizations included Platform for Youth Development, Linda clinic Youth Friendly Association, Limbani Support Women’s Club, Maramba Luyando PLHIV, Lwendo Community – based organization and Blessings stars. The signing ceremony was done in Livingstone as part of the celebrations for the National Voluntary Counseling (VCT) Day.

Task 3: Strengthen and expand HIV/AIDS workplace programs

SHARE II works with both the public and private sectors to expand access to workplace programs and strengthen linkages and referral systems with community-level partners and implementers. Through this work, SHARE II and its partners can expand access to HIV prevention, care, support, and treatment services—for employees, dependents and defined outreach communities—to reduce HIV-related employee absenteeism and ultimately contribute to increased productivity.

Workplace HIV/AIDS programs that include appropriate linkages to care and treatment services have resulted in significant improvements in general employee health and reductions in absenteeism in many workplaces. This has led to a switch in priorities by many workplaces to have more integrated health programs that address HIV and other related issues.

Standing Together against Poverty and HIV/AIDS: The Nsongwe Community Garden Association

Livingstone city is the heart of the Zambia's tourism industry and attracts thousands of visitors yearly. However, underneath the beauty of Livingstone city, Victoria Falls and the Mosi-oa-Tunya National Park lies a serious public health issue: Livingstone has an adult HIV prevalence of 28%, almost twice the national rate of 14.3%. USAID through SHARE II has been contributing to the campaign against HIV/AIDS in Livingstone through the Tourism HIV/AIDS Public-Private Partnership (PPP), which establishes and enhances workplace HIV/AIDS programs with private sector tourism-related businesses.

The Tourism HIV/AIDS PPP programs take comprehensive HIV/AIDS workplace programs to over 3,000 workers and workplaces of all sizes—from large lodges to informal crafts makers— and HIV/AIDS social mobilization to 150,000 Livingstone residents. Building on previous work with the Tourism HIV/AIDS PPP, SHARE II engaged the Livingstone Tourism Association (LTA) to mobilize small business enterprises in the district, implement HIV/AIDS and wellness programs, and mainstream HIV/AIDS in tourism-defined outreach communities. In the previous quarter, for example, the LTA reached 229 people (116 men and 113 women) with prevention messages at their places of work, and since the start of the year, 39 people have been tested for HIV and received their results.

The Nsongwe Community Garden Association (NCGA), a coalition of 18 women in Mukuni village outside Livingstone, had already overcome

many obstacles by the time they came into contact with the LTA. In 2004, following a visit from a tourist at a nearby lodge, the women received support to start a small garden that would allow them to grow vegetables; three years later, they began selling excess produce to Livingstone-area hotels. However, when some of their members began falling sick and growing weak, the NCGA didn't know where to turn to for help, since none of the organizations they worked with provided health support.

With a high HIV prevalence in the adult population, it was likely that some of the women were suffering from HIV-related conditions. However, until recently, open conversation about HIV status in this community was difficult; firstly, AIDS-related deaths were usually attributed to other—more accepted—causes than AIDS, and mobile HIV screening services were rare. Secondly, ignorance about the signs and symptoms of HIV/AIDS meant that many HIV-related health complications were never recognized as such. Finally, HIV-related stigma prevented many women from openly discussing their own risk for HIV. Because of this combination of ignorance, stigma and denial, when a number of women started getting sick, they did not access treatment, care and support. Further, due to their illnesses, their productivity at the garden dropped – as did their profits.

Luckily, help would soon arrive for the NCGA women, as both the local lodge and the hotels that bought produce were members of the LTA.

A members of the Nsongwe Community Garden Association near Livingstone



In June 2013, the LTA—with SHARE II technical support—visited many of the communities and growers' associations that supplied food to LTA member organizations, as part of an initiative to ensure that HIV/AIDS was mainstreamed among hotels' community partners. The LTA asked each group to choose a few members to attend a peer education training on HIV/AIDS, and the NCGA sent three women who had good standing in the group. The training covered facts about HIV/AIDS; HIV prevention strategies such as partner reduction, condom use and male circumcision; HIV treatment, care and support; stigma and discrimination; and other topics. At the end of the training, two of the women from the NCGA chose to get tested for HIV for the first time.



Mervis (left, in green skirt) at the community garden.

The following month, in August 2013, the LTA accompanied the peer educators to a sensitization session in Nsongwe. Mervis, an NCGA member and one of the women trained as a peer educator, disclosed at this meeting that she had tested positive for HIV, to encourage others to also get tested. “When I went for counseling and testing, I had this relief within me,” she reminisced, “and I decided to tell my friends so that they could also be encouraged to test.” Of the 22 community members who attended this sensitization, 11 chose to get tested for HIV, and two tested positive and were referred for health services.

Mervis's disclosure had an enormous effect on the perceptions of HIV/AIDS in the NCGA. “Our

interaction with LTA has enlightened us because we didn't know that a person can live with HIV as healthy as Mervis looks, and can live longer without being sickly,” explained Matilda. “We also didn't know that people can be circumcised and live. We used to know that the Luvala get circumcised and they die, so we didn't want anything to do with circumcision. Now we know we can prevent HIV and we can prevent cervical cancer if our people get circumcised. When we used to hear about cervical cancer, we knew that people would just die. We didn't know that if they get diagnosed early, people can live.”

Before she was tested, Mervis herself used to stigmatize people who fell sick and were believed to have HIV: “Before we had this information, before we were trained, we would sit in our club and laugh about HIV and AIDS, laugh at those who were sick, that they were promiscuous. But with this information, I was able to test and disclose my status, and nobody laughs at anyone anymore because of this information we have acquired.”

One year later, the NCGA peer educators still discuss HIV/AIDS regularly with members, and these sensitizations—combined with Mervis's openness about her status—have revolutionized the group's approach to HIV/AIDS. The messaging has made the group not only aware of the causes and consequences of HIV/AIDS, but also made them willing to discuss issues they once thought were too sensitive to openly discuss. In light of this newfound willingness to speak about the effects of HIV with their peers in the association, the women decided to look at how they could address the plight of the members living with HIV. Whereas previously they had just shared all profits from the garden, now they decided to support any member living with HIV to access health services at the nearby clinic. They are also paying school fees for five orphans within the group.

As Matilda, another trained peer educator, described, “When we looked around in our club, sometimes our club members get sick, and we weren't helping them in the past. And some of our club members aren't married, so when they're ill sometimes they're even unable to go to the hospital. So we decided as a women's group we were going to take care of each other, if one fell ill, we would ensure that we would take them to

the hospital or facilitate them to go to the hospital, because we need each other in the group.”

“Without the interaction with LTA we would have just been getting sick, we would have just been laughing at each other and wondering why people are getting sick, But now with this information, we are able to accept one another. That’s why [Mervis] even disclosed her status to us, we are able to support her because we have this knowledge of what HIV is all about.”

- Matilda, a NCGA member

The LTA is training one of the NCGA’s agronomics partners to provide health-related services even after the completion of the SHARE II Project. In the meantime, the NCGA’s actions are changing perceptions in the broader Nsongwe community. “Before we were trained,” explained Matilda, “it was difficult for people to access condoms, and even to use. But now, even the men in the community are free to access condoms.”

Women in Nsongwe are willing to be screened for cervical cancer, and the peer educators report that uptake of HTC has increased during each visit from service providers.

“Without the interaction with LTA we would have just been getting sick, we would have just been laughing at each other and wondering why people are getting sick,” said Matilda. “But now with this information, we are able to accept one another. That’s why [Mervis] even disclosed her status to us, we are able to support her because we have this knowledge of what HIV is all about.”

Finance, another NCGA member, agreed: “This program has made us realize that we need to know how we are living. There is need for every person in the community to know their HIV status, and that’s what the program is doing to us. When we know, we are able to look after ourselves, for those who are HIV-negative and those who are HIV-positive.” ♦

April-June 2014:

Other Workplace HIV/AIDS Programs Activities and Achievements

- **Workplace Support Groups and Programming:** Following the reactivation of the PLHIV support groups in the Ministry of Transport, Works Supply and Communication (MTWSC), the Positive Action for Workers (PAW) groups have worked very well in coordinating their activities. There is now more leadership shown and visibility of PLHIV, who hold regular group discussions in an effort to eliminate the stigma that existed before.
- **Mobilizing Police Camps against GBV:** SHARE II worked with the police in selected camps to address GBV-related problems, such as sexual harassment and violence, by mobilizing the members of the camps and sensitizing them on gender and sexuality and other related problems like defilement. Camps visited were located in four districts: Lusaka, Kalulushi, Chililabombwe and Chipata.
- **Sensitizations in Lusaka Markets:** SHARE II held several week-long sensitization meetings with peer educators, merchants and customers in five Lusaka partner markets (Chachacha, New Soweto, Chaisa, Chelstone, and Lilanda), to share HIV/AIDS prevention, care, support and treatment information. SHARE II also held discussions with the Lusaka City Council on possible scale-up for the program to three other markets in Lusaka (Chipata, City Market and Luburwa/Kamwala) and held engagement discussions with local market management.
- **Support to the Tourism HIV/AIDS Public-Private Partnership:** SHARE II worked with the LTA to define the program reach for an initiative targeting sex workers in Livingstone and to design a program intervention that would provide them with basic skills in risk reduction behaviors, including consistent and proper condom use. Sixty commercial sex workers have been enlisted and are now being provided with condoms, health education and referral for STI treatment at a government clinic in Livingstone.

Task 4: Strengthen collaboration and coordination of HIV/AIDS activities with the Government of the Republic of Zambia, U.S. Government-funded partners, and other stakeholders

SHARE II provides technical assistance to the Government of the Republic of Zambia through the National HIV/AIDS/STI/TB Council (NAC) to improve collaboration and coordination of the HIV/AIDS response across multiple partners and stakeholders. These efforts include providing support for joint planning; developing and maintaining a monitoring system that tracks the leadership, legal and policy environment; strengthening coordinating structures' activities; and improving monitoring and evaluation for national HIV/AIDS activities. SHARE II also provides support to United States Government (USG)-funded bilateral partners to implement workplace wellness programs.

A Stakeholders' Forum, coordinated by NAC with support from SHARE II, is planned to be held in the next quarter. The theme is "Zambia at 50—HIV and AIDS at 30, the Evolution of the HIV and AIDS Response in Zambia Since 1984 to 2014." Topics for discussion at the forum include the following key issues: The evolution of HIV and AIDS in Zambia, the civil society perspective on the national HIV response, interrogating the critical challenges arising from the current HIV/AIDS response in Zambia and celebrating the critical role of women in the Zambian HIV/AIDS response. ♦

Monitoring & Evaluation (M&E)

SHARE II M&E activities ensure the collection, analysis and storage of quality data, and support the timely reporting and adequate utilization of project information in order to improve SHARE II's ability to effectively implement activities. SHARE II also provides technical assistance on M&E to its sub-partners and to other project partners to strengthen their M&E activities and reporting. SHARE II activities during the quarter included Data Quality Assessments (DQAs) with SHARE II partners, participating in the USAID programmatic audit, work with NZP+ to develop their M&E framework and continued support to COP 2014 activities, including implementing the new PEPFAR MER indicators and targets.

Data Quality Assessments

SHARE II conducted routine DQAs with ZHECT and the Zambian Prisons Services (ZPS) in Kabwe. The five ZHECT sites included LASF, York Farms, Taj Pamodzi and NAPSA. SHARE II also provided technical assistance to the ZPS to address challenges still being faced in reporting and database use. The SHARE II M&E and Workplace teams trained HIV coordinators from 29 prisons in data management.

IAS 2014 Conference Abstracts

SHARE II staff are attending the 20th International AIDS Conference in Melbourne, Australia in July and have 8 presentations.

PEPFAR Targets

The new PEPFAR MER indicators have been implemented and, currently, SHARE II is on course to achieve FY 2014 targets (see the table on the following page). Under the HTC_TST indicator (formerly NGL indicator P11.1.D)—number of individuals receiving testing and counselling services for HIV and received their test results—SHARE II performance was 87.7%, as of Quarter 3.

The other MER indicators SHARE II is reporting are either new or modified indicators from the NGL. Include GPY_PREV and GEND_NORM. Under the GPY_PREV indicator—which focuses on delivering a core prevention intervention package to priority populations, SHARE II's performance at Quarter 3 was 87.4%. SHARE II's priority populations are as follows: 1) Adolescent Girls and Young Women 10-24; 2) People Living with HIV (PLHIV); 3) Uniformed Services (Prison Guards and Police Officers; 4) Migrant Workers and 5) Prisoners.

PEPFAR Target	Q1	Q2	Q3	Current Total	FY2014 Target	% Progress to Target YTD
GPY_PREV	2,205	5,225	9,447	16,877	19,309	87.4%
GEND_NORM	475	790	1,191	2,456	3,000	81.9%
HTC_TST	8,883	6,550	5,596	21,029	23,966	87.7%

Achievement and targets on PEPFAR MER indicators for FY2014: Q1, Q2, and Q3

Lastly, for the indicator GEND_NORM—number of people completing an intervention pertaining to gender norms that meets minimum criteria—achievement was at 81.9% as of SAPR. Interventions that feed into the GEND_NORM indicator are

primarily behavioural interventions implemented nationally in partner formal workplaces and defined outreach communities, partner chiefdoms and partner churches. ♦

Finance & Administration

Task Order Funding

The SHARE II Task Order obligation is currently at \$21,346,985.99. This obligation is planned to fund the project through September 2014. As of June 30, 2013, John Snow, Inc. has expended and accrued approximately \$19,309,268 under the SHARE II task order, representing 90 percent of the total obligation.

A further funding obligation is required to be received by August 30, 2014 to ensure the continuity of project operations.

Budget Realignment

JSI requested a budget realignment to ensure that savings in the salaries and sub-grant line items could be used to increase expenditures on program activities to further the objectives of the project. At the time of finalizing this report, a modification to realign the budget had been received.

USAID HIV Program Audit

SHARE II was part of a programmatic audit of USAID's HIV prevention programs that took place between May 12-30, 2014. Auditors conducted meetings with SHARE II staff on May 15-16 and also accompanied SHARE II staff to visits of selected SHARE II program sites and partners in Copperbelt and Southern Provinces between May 19-23.

Local Sub-partners

Sub-grants for the year ending on December 31, 2014 for ZHECT, ZINGO and LEAD are ongoing.

A number of new sub-grant proposals received concurrence from USAID during this period. At the time of finalizing this report, sub-grant agreements had been signed for the following: the Network of Zambian People Living with HIV/AIDS, Independent Churches of Zambia and Grassroots Soccer Zambia, as well as a renewal of the Livingstone Tourism Association grant.

Negotiations were finalized for a proposed sub-grant to Serenity Harm Reduction Programme Zambia (SHARPZ) and a proposal has been submitted to USAID for concurrence.

Personnel and Procurement

All key personnel remain at post.

Mr. Lyford Cheelo, a replacement PATF/DATF manager employed by Initiatives Inc., joined SHARE II during the period. Additionally, Ms. Ethel Mukamba and Mr. Daniel Luabeya joined SHARE II during the period as Administrative Assistant and IT Specialist, respectively.

The project has identified a further Communications and Documentation Intern from the US who will be partly funded by JSI overhead and is expected to join SHARE II in the forthcoming period for a period of six months. ♦



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